

## UTAH GOVERNMENT RECORDS REQUEST FORM

**TO:** \_\_\_\_\_

(Name of government office holding the records and/or name of agency contact person.)

**Address of government office:** \_\_\_\_\_

**Description of records sought (records must be described with reasonable specificity):**

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- ☐ I would like to inspect (view) the records.
- ☐ I would like to receive a copy of the records. I understand that I may be responsible for fees associated with copying charges or research charges as permitted by UCA 63-2-203. I authorize costs of up to \$ \_\_\_\_\_.
- ☐ UCA 63-2-203 (4) encourages agencies to fulfill a records request without charge. Based on UCA 63-2-203 (4), I am requesting a waiver of copy costs because:
- ☐ releasing the record primarily benefits the public rather than a person. Please explain:

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- ☐ I am the subject of the record.
- ☐ I am the authorized representative of the subject of the record.
- ☐ My legal rights are directly affected by the record and I am impoverished.  
(Please attach information supporting your request for a waiver of the fees.)

If the requested records are not public, please explain why you believe you are entitled to access.

- ☐ I am the subject of the record.
- ☐ I am the person who provided the information.
- ☐ I am authorized to have access by the subject of the record or by the person who submitted the information. Documentation required by UCA 63-2-202, is attached.
- ☐ Other. Please explain:

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- ☐ I am requesting expedited response as permitted by UCA 63-2-204 (3)(b). (Please attach information that shows your status as a member of the media and a statement that the records are required for a story for broadcast or publication; or other information that demonstrates that you are entitled to expedited response.)

**Requester's Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Daytime telephone number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_